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TO: Commissioner of Patents
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FROM: James E. Hudson III

NUMBER OF PAGES: 3
(INCLUDING COVER PAGE)

DATE: November 14, 2005

C/M#: 073957-000001

SUBJECT: Power of Attorney
U.S. Pat. Appl. S/N 10/766,573

Included with this transmittal for U.S. Pat. Appl. S/N 10/766,573 are:

1. Fax cover sheet (1 sheet)
2. Transmittal Form PTO/SB/21 (1 sheet)
3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address PTO/SB/82 (1 sheet)

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10766,573
	Filing Date	January 27, 2004
	First Named Inventor	Oliphant, Zachary James
	Art Unit	3835
	Examiner Name	Nguyen, Chi Q
	Attorney Docket Number	073957-000001
Total Number of Pages in This Submission		3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Crain, Caton & James, P.C.		
Signature	<i>James E. Hudson III</i>		
Printed name	James E. Hudson III		
Date	November 14, 2005	Reg. No.	41,081

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO _____			
the date shown below:			
Signature	<i>James E. Hudson III</i>		
Typed or printed name	James E. Hudson III	Date	November 14, 2005

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PTO/SB/82 (04-05)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10766,573
	Filing Date	January 27, 2004
	First Named Inventor	Oliphant, Zachary James
	Art Unit	3635
	Examiner Name	NGUYEN, CHI Q
	Attorney Docket Number	073957-000001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30903

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

30903

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Zachary James Oliphant

Date

11/4/05

Telephone

281-290-8283

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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